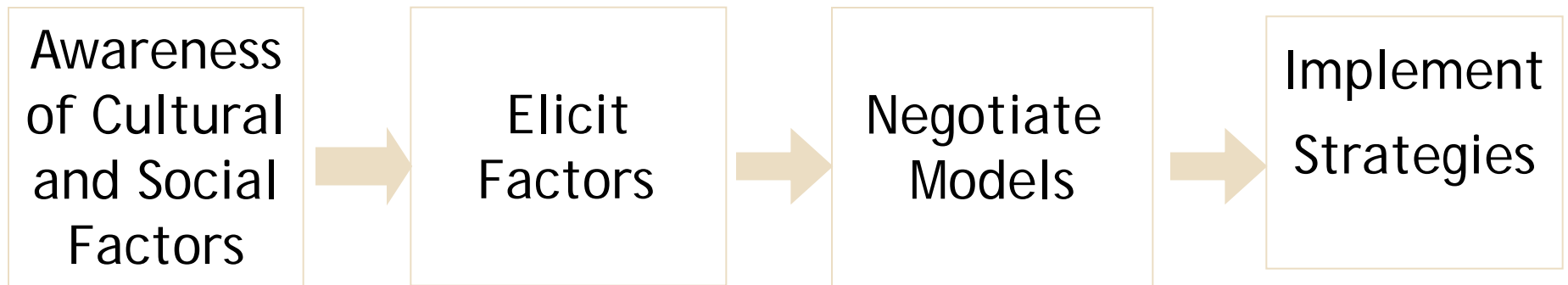


Overview

- Brief background and context:
 - Disparities and cultural competency in health care
 - Current regulations and standards on cultural and linguistic competency
- Developing a culturally competent organization: *Training solutions using Quality Interactions*
 - *Provide Feedback*

Model for Cross-Cultural Communication



Tools and skills necessary to communicate effectively with, and provide quality care to anyone, regardless of race, ethnicity, culture, class or language proficiency.



Cultural Competence - (broadly defined)

“Cultural competence in health care describes the ability of systems and health care professionals to provide high quality care to patients with diverse values, beliefs and behaviors, including tailoring delivery to meet patients' social, cultural and linguistic needs.”

Additional Definitions of Cultural Competence:

- OMH: Cultural and linguistic competence is a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or among professionals that enables effective work in cross-cultural situations. 'Culture' refers to integrated patterns of human behavior that include the language, thoughts, communications, actions, customs, beliefs, values, and institutions of racial, ethnic, religious, or social groups. 'Competence' implies having the capacity to function effectively as an individual and an organization within the context of the cultural beliefs, behaviors, and needs presented by consumers and their communities. (Adapted from Cross, 1989).

Additional Definitions of Cultural Competence:

- Cultural competence requires that organizations:
- have a defined set of values and principles, and demonstrate behaviors, attitudes, policies and structures that enable them to work effectively cross-culturally.
- have the capacity to (1) value diversity, (2) conduct self-assessment, (3) manage the dynamics of difference, (4) acquire and institutionalize cultural knowledge and (5) adapt to diversity and the cultural contexts of the communities they serve.
- incorporate the above in all aspects of policy making, administration, practice, service delivery and involve systematically consumers, key stakeholders and communities.
(National Center for Cultural Competence, 1998)

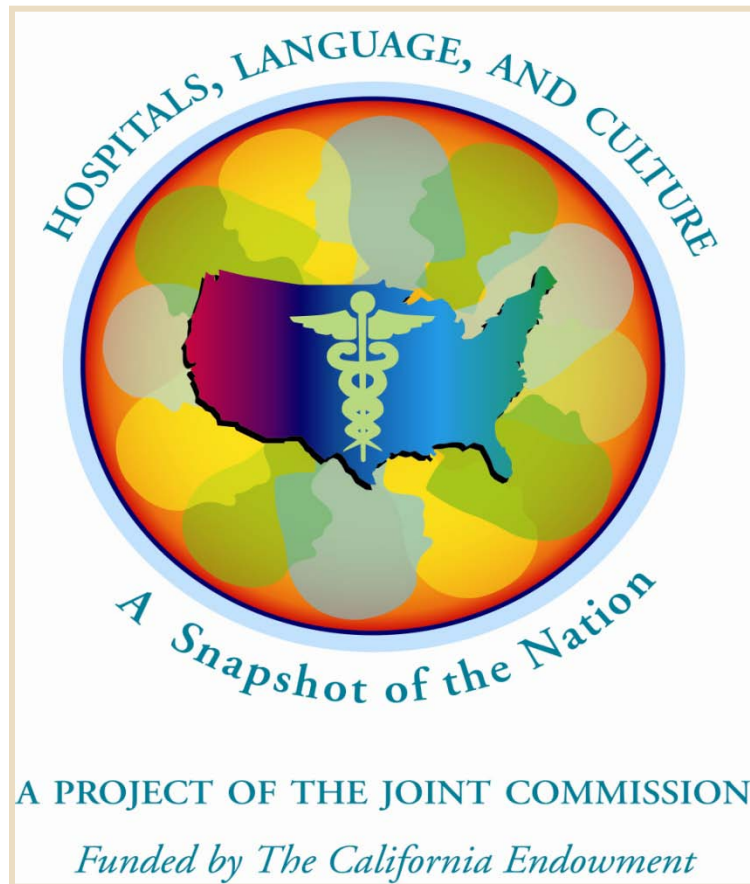
Additional Definitions of Cultural Competence:

- **Cultural competence** refers to an ability to interact effectively with people of different cultures. Cultural competence comprises four components: (a) Awareness of one's own cultural worldview, (b) Attitude towards cultural differences, (c) Knowledge of different cultural practices and worldviews, and (d) cross-cultural skills. Developing cultural competence results in an ability to understand, communicate with, and effectively interact with people across cultures. (Wikipedia, 2007)



Some Elements of Culturally and Linguistically Competent Health Care

- High quality interpreter services readily available and staff trained in how to use them
- Staff know how to **build trust** with patients and the organization is trusted by the communities it serves
- Staff trained in effective, patient-centered, **cross-cultural communication and negotiation (including conflict resolution)**
- **Patients' cultural and religious customs** and preferences are respected and facilitated
- Printed materials are provided in different languages and with appropriate levels of literacy
- Data on patient demographics is collected and used to identify disparities



The Joint Commission

Cross-sectional qualitative study

Three Research Questions:

1. What are the challenges hospitals face providing care to diverse patient populations?
2. What are hospitals doing to address these challenges?
3. Are there any promising practices that can be replicated to improve care?



Source: Wilson-Stronks A, Galvez E. *Exploring cultural and linguistic services in the nation's hospitals: A report of findings*. Oakbrook Terrace, IL: The Joint Commission; 2007.



Key Findings (big picture)

- Hospitals are challenged to meet the cultural and language needs of their patient populations, and efforts to address language are more concrete than those to address culture.
- There are a wide range of practices for meeting the cultural and language needs of patients. There also exists varied interpretation of “good” versus “poor” practice.
- There is a gap between current practice and desired practice. While this may be attributable to missing resources, in some cases the resources are available, but are not being used effectively.
- Collection of patient demographic data is inconsistent across and within hospitals, and few hospitals use these data to improve services for diverse patients.

Hospitals, Language, and Culture Study. A.Wilson-Stronks et. al. June 2007.

Joint Commission Proposed Requirements to Advance Communication, Cultural Competence, and Pt-Centered Care*

- Staff training on cultural sensitivity (HR.01.04.01, EP5 and 05.03 EP7&8)
- Staff and licensed independent practitioner training on the use of communication tools (HR.01.05.03, EP7)
- Identification of patient communication needs and addressing these needs across the care continuum
- Provision of language access services and auxiliary aids
- Assessment of patient understanding
- Inclusion of health literacy needs in learning needs assessment
- Accommodation of patients' cultural and personal beliefs
- Accommodation of patients' religious and spiritual practices
- Non-discrimination in care

* Note: this is not a complete list of standards

Findings for Mental Health



- Similar study conducted (CLAS) and we developed a cultural competence plan requirements were established:
 - ▣ 2002 Medi-cal Patients
 - ▣ 2010 extended to all County Mental Health Services and Programs.

Research Yielded 8 Criteria

- Commitment to Cultural Competence
- Updated Assessment of Service Needs
- Strategies & Efforts reducing Racial, Ethnic, Cultural and Linguistic Mental Health Disparities.
- Client/Family Member/Community Committee: Integration of the Committee within CMHS.
- Culturally Competent Training Activities
- Grow multicultural workforce
- Language Capacity
- Adaptation of Services



- What can hospitals do to begin preparing for the new Joint Commission standards on cultural and linguistic competence?
- What role can health plans play in helping hospitals meet Joint Commission standards and in addressing their own regulations (NCQA, URAC)?
- How do we meet CA Department of Mental Health Cultural Competence Plan requirements?

Manhattan Cross-Cultural Group

- **Joseph R. Betancourt, MD, MPH; Co-Founder**
 - Director, The Disparities Solutions Center,
 - Senior Scientist, Institute for Health Policy, and
 - Director for Multicultural Education, Mass General Hospital
 - Assistant Professor of Medicine, Harvard Medical School
- **Alexander R. Green, MD, MPH; Co-Founder**
 - Associate Director, The Disparities Solutions Center, and
 - Senior Scientist, Institute for Health Policy, Mass General Hospital
 - Chair, Cross-Cultural Care Committee, Harvard Medical School
- **J. Emilio Carrillo, MD, MPH; Co-Founder**
 - Vice President of Community Health Development, NewYork-Presbyterian Hospital,
 - President and Chief Medical Officer of the NewYork-Presbyterian Community Health Plan
- **Tessa G. Misiaszek, MPH, Chief Operating Officer**

After completing the program, you should be able to:

- ❑ Discuss how cultural competence is important to the delivery of high-quality healthcare services to patients.
- ❑ Outline the social and cultural issues that are most relevant in the care of diverse patient populations.
- ❑ Communicate effectively across cultures including use of interpreters
- ❑ Develop appropriate management strategies that take into account patients' cultural perspectives and preferences.

Quality Interactions Course Overviews

- **Quality Interactions® for Physicians (2.5 CME – 6 CME):**

Evidence-based, case-based teaching program, featuring three patient cases allowing the physician to participate in a realistic clinical encounter while teaching a skill set for administering good cross-cultural care.

Specialty cases:

- ▣ Oncology, Emergency Medicine, Geriatrics, Orthopedics, Pediatrics
- ▣ Infectious Disease, Rheumatology, Women's Health/OB-GYN, LGBT

- **Quality Interactions® for Nurses & Case Managers (2.5 CEU/CCM)**

- **Quality Interactions® Refresher Courses (1 CME/CEU/CCM)**

Quality Interactions Course Overviews

- **Quality Interactions® for HealthCare Employees:**

Web-based, interactive educational program on cultural competence appropriate for anyone who works in healthcare setting, not necessarily in direct clinical care

- **Facilitator's Guide – For Clinical & Nonclinical Programs:**

Guidelines for healthcare organizations to conduct live follow-up sessions for learners who have completed the *Quality Interactions* program

- **E-Newsletter:**

Quarterly e-newsletter for all *Quality Interactions* participants that reinforces specific learning areas of the program and provides updates on the latest research and policy on cross-cultural care and disparities

Case-Based Teaching



Case Interactions:

Quality Interactions® offers case-based teaching which allows the physician to experience a real clinical scenario, while learning a skill set to improve care for patients of diverse cultural backgrounds.


Case Vignettes for Non-clinical Staff

QUALITY INTERACTIONS

[MAIN MENU](#) [EXIT COURSE](#)

[Introduction](#) | [Cultural Competence Q&A](#) | [The ResCUE Model](#) | [Case Vignettes](#) | [Certificate](#)

Carmen Rivera



Background


Mrs. Rivera is a 55 year-old woman with high blood pressure and high cholesterol who has been seen in the office several times. She is from the Dominican Republic and doesn't speak English very well. Mrs. Rivera works part-time transporting blood samples at the local community hospital, and this provides her with a modest salary and some benefits. Today she calls in because she received a letter in the mail with an appointment for a colonoscopy. She seems confused about what she has to do to prepare, and is also mentioning something about the date not being good.

continue

Communication with Patient

+

-

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Quality Interactions Resource Website

QUALITY INTERACTIONS

[Cross-Cultural Issues](#) | [Language Access](#) | [Definitions](#) | [Additional Resources](#)

▶ Model for cultural competency and diversity

```
graph TD; Engage --> Respect; Respect --> Communicate; Communicate --> Understand; Understand --> Engage;
```

▶ Framework for cultural competence in clinical care

```
graph TD; A[Assess Cross-Cultural Issues] --- C(( )); C --- B[Address Language and Literacy]; C --- D[Explore Illness/Treatment Beliefs]; C --- E[Determine Social Context]; A --- F[Engage in Negotiation]; B --- F; D --- F; E --- F;
```

Assess Cross-Cultural Issues

- Specific customs, spirituality, and diet
- Styles of Communication
- Decision-making
- Mistrust
- Sexual and Gender Issues

Address Language and Literacy

- Specific customs, spirituality, and diet
- General Literacy
- Use of Interpreters

Explore Illness/Treatment Beliefs

- Specific illness/treatment beliefs
- Complementary/alternative practices
- Personal meaning

Determine Social Context

- Social stressors and supports
- Socioeconomic factors
- Immigration/previous care experience

Engage in Negotiation

- Negotiating beliefs
- Negotiating management options

Difficult Patient Situation? Click to find out the cross-cultural issue:

- ▶ Is your patient refusing a test or procedure?
- ▶ Is your patient non-adherent to medications?
- ▶ Does your patient miss appointments or often come late?
- ▶ Does your patient present multiple unusual or unexplained symptoms?

NOTE: While these suggestions can be helpful with any patient, they may be particularly so for patients from less familiar cultural backgrounds.

Additional Resources

- Related websites
- E-newsletters
- Articles and Publications
- Annotated Bibliography

Language Access

- Interpreter Services
- Mistrust

Definitions

- ▶ Cultural Competence
- ▶ Cross-cultural negotiation
- ▶ Ethnicity
- ▶ Explanatory model
- ▶ Race
- ▶ Stereotype

SEARCH ETHNIC ORIGINS MAP

Clinical Cross Cultural Issues

- ▶ Prenatal / Birthing
- ▶ Post-Partum Care
- ▶ Child Rearing
- ▶ Chronic Disease
- ▶ Intensive Care
- ▶ Emergency Care
- ▶ Cancer Care
- ▶ Informed consent and surgery
- ▶ End-of-life and palliative care

Recent News

Attention New Jersey Nurses and Physicians
July 05, 2008

When Cultures Collide with Medical Practices
June 27, 2008

ADDITIONAL RESOURCES

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Manhattan Cross Cultural Group

Quality Interactions Clients

Hospitals

- Hospital Corporation of America
- The Mayo Clinic
- Children's Hospital of Minnesota
- Texas Health Resources
- New York City Health and Hospital Corporation
- Kaiser Permanente
- Boston Medical Center
- Mass General Hospital
- New York Presbyterian Hospital
- Spectrum Healthcare
- Dana Farber/Harvard Cancer Institute

Medical Schools

- Harvard Medical School
- Johns Hopkins School of Medicine
- University of Mississippi

Health Plans

- Aetna
- Humana
- Cigna
- Blue Cross Blue Shield of Florida
- Blue Cross Blue Shield of MA
- CareFirst
- Blue Cross Blue Shield of TN
- Wellpoint
- Blue Cross Blue Shield of LA
- Highmark
- Wellpoint

Medical Societies/Pharma

- AHIP
- Medical Society of the State of NY
- Medical Society of New Jersey
- Merck
- Astra Zeneca

Client Success - Nationally

- Over 22,000 learners trained to date in leading hospitals and health plans around the country (see website for detailed client list)
- Pre- and Post Test Mean Scores:
Pretest=37 Posttest=83

Physicians and nurses who used Quality Interactions® were surveyed and over 85% felt:

- Quality Interactions increased their understanding
- Quality Interactions would improve patient care
- They would recommend the program to colleagues

So what did you think?

- Course/Case Studies
- Resource Section

